



It is my/our desire that the following community Partner Organization(s) benefit from my/our gift:

- Arizona Jewish Historical Society**
- Congregation Or Tzion**
- East Valley Jewish Community Center**
- Hillel Jewish Student Center at ASU**
- Jewish Federation of Greater Phoenix**
- Jewish Family & Children's Service**
- Jewish Free Loan**
- Minkoff Center for Jewish Genetics**
- Pardes Jewish Day School**
- Temple Chai**
- Temple Emanuel of Tempe**
- Temple Kol Ami**
- Valley of the Sun Jewish Community Center**

Please return this Commitment form to the Partner Organization or mail to:  
Rachel Rabinovich  
Jewish Community Foundation  
12701 N. Scottsdale Road, Suite 202  
Scottsdale, AZ 85254  
480-481-1785  
rrabinovich@jcfphoenix.org

## Declaration of Commitment

*In keeping with the Jewish tradition, I/we wish to share my/our blessing with others. Therefore, I/we make this Declaration of Commitment to help provide for the Jewish Community of Greater Phoenix of tomorrow.*

- I/We intend to create a legacy gift and will formalize my/our gift within \_\_\_\_\_ months (maximum of 6 months).
- I/We have already created a legacy gift, but until now have not shared this information with the benefiting Jewish organization(s).

**My/Our legacy gift in the approximate amount of \$\_\_\_\_\_ or \_\_\_\_\_% will be/was completed through (check one):**

- Last Will & Testament or Living Trust
- IRA or other Retirement Plan
- Life Insurance Policy
- Fund established at JCF
- Real Estate or Business Interest
- Other \_\_\_\_\_

### Please check all that apply:

- I/We understand that this **commitment is revocable and may be modified at my/our discretion**. I/we endeavor to notify the recipient organization(s) accordingly.
- I/We understand that you will inform the **additional designated organization(s)** of this gift.
- I/we would like to remain **anonymous** at this time.
- You have my permission to **recognize me/us publicly in all LIFE & LEGACY™ marketing materials** (without disclosing gift details).
- Please have a Jewish Community Foundation staff member contact me/us regarding **completing my/our page in the Endowment Book of Life**.

Donor Name/Date of Birth

Donor Name/Date of Birth

Names for Formal Recognition (unless otherwise noted, we list couples as wife & husband last name)

Street Address

City, State ZIP

Home Phone

Mobile Phone

Email

Donor Signature

Date

Donor Signature

Date